

SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION 1101 EAST FIRST STREET, SANFORD, FLORIDA 32771

TELEPHONE: (407) 665-7441 FACSIMILE: (407) 665-7385

www.seminolecountyfl.gov

LOT SPLIT

CONDITIONS

The following conditions <u>must</u> exist in order to split a parcel under this process per Seminole County Land Development Code Section 35.2:

- The property must be a parcel of record prior to July 28, 1970.
- Created parcels (lots) must have frontage on a public right-of-way. (20' of frontage for each lot)
- Newly created parcels must meet all zoning requirements, including minimum buildable lot area above the 100 year flood prone elevation, lot width, etc.
- Existing structures must meet the minimum setback requirements after the split without a variance.

REQUIRED ATTACHMENTS

LOT SPLIT INQUIRY

- Review fee of \$250.00 (will be applied towards lot split approval fee if completed within 1 year)
- Sketch of property locating any existing structures and/or sketch of proposed land split locating any existing structures

LOT SPLIT APPROVAL

- Review fee of \$250.00 (unless a lot split inquiry has been approved within 1 year)
- Topographical survey signed and sealed by an authorized land surveyor <u>may</u> be required based on the amount of property that lies within the 100 year flood plain as determined by FEMA maps. (must receive original)
- Dated copy of School Impact Analysis submitted to the School Board
- Complete legal description of the property to be split
- Legal description and sketch of newly created parcels
- Ownership Disclosure Form
- Owner Authorization Form, if applicable

DELIVERY METHODS

Completed forms and all of the **required attachments** may be sent via:

- Hand delivery: Seminole County Planning & Development Division, West Wing, Second Floor, Room 2028, 1101 East First Street, Sanford, Florida 32771
- Mail: Seminole County Planning & Development Division, 1101 East First Street, Sanford, Florida 32771
- E-mail: plandesk@seminolecountyfl.gov



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http://www.seminolecountyfl.gov/gm/devrev/index.aspx

PROJECT #: _____

LOT SPLIT APPLICATION

OWNER INFORMATION				☐ OWNERSHIP DISCLOSURE FORM ATTACHED		
NAME:						
ADDRESS:						
CITY:			STATE:		ZIP:	
PHONE:			EMAIL:			
APPLICANT/AGENT INFORMATION				□ ow	NER AUTHORIZATION FORM ATTACHED	
NAME:			COMPANY:			
ADDRESS:						
CITY:			STATE:	ZIP:		
PHONE: EMAIL:						
SITE INFORMATION						
PARCEL ID #:						
PROPERTY ADDRESS:						
WATER: SEMINOL	E COUNT	TY 🗆 WELL	OTHER:			
SEWER: ☐ SEMINOLE COUNTY ☐ SEPTIC			☐ OTHER: _	□ OTHER:		
ZONING: FUTURE LAND USE:						
TOTAL ACREAGE:			BCC DISTRIC	BCC DISTRICT:		
REVIEW TYPE						
□ LOT SPLIT INQUIRY						
□ LOT SPLIT APPROVAL (EXPIRES 1 YEAR FROM DATE OF APPROVAL IF NEW LOTS ARE NOT RECORDED)						
☐ REVIEW OF NON-PERMITTED SUBDIVIDING OF LAND						
STAFF USE ONLY						
PM:	REC'D D	DATE:		С	OMMENTS DUE:	
☐ PROP. APPRAISER SHEET(S)		☐ PRIOR REVIEWS/APPROVALS:				
ZONING:		WATER:			LOCATION:	
FLU:		SEWER:				
BCC:		ACREAGE:			7	